Screening Coordin Email: Phone:	DPHHS Particular Procedure Technical Procession School Oral Health Screening													Please send copies to: DPHHS Oral Health Program PO Box 202951 Helena, MT 59620-2951			
		Form															
Screener name: dentist nurse Did screener complete Basic Screening Survey training? dental hygienist other pyes Date of training:												?					
School: Screening date:	Cit	City: County:															
Name / ID Number	Grade	Age	Ger	nder	Race/ Ethnicity	Untr	eated (Cavities		Decay Sealants on Primary Molars		Sealants on 6yr Molars		SDF		Identify Problem	
			М	F	*	No	Early	Urgent	Υ	N	Υ	N	Υ	N	Υ	N	

*KEY

Decay Experience Race / Ethnicity **Untreated Decay Sealants** W =White **Yes** = Decay present Yes = No = **Yes** = One or more sealants **B** =Black/African American (>.5 mm or 1/2 mm & brown) -Has decay -No decay &/or **No** = No sealant present on any one primary H =Hispanic/Latino **No** = No decay present -Has filling or crown or permanent molar -No fillings &/or A =Asian -Had baby or adult -No adult molar extracted due to tooth extracted due to Al = American Indian/Alaska Native decay **Treatment Urgency** decay NH =Native Hawaiian/Pacific Islander No = No Obvious Need MR =Multi-racial SDF= Silver Diamine Fluoride Early = Early Care Needed Urgent = Urgent Care Needed **U** =Unknown Treated areas appear as hard & black

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